## Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| Application Number     | 10/632,661        |  |
|------------------------|-------------------|--|
| F. D. (                | 4 4 0000          |  |
| Filing Date            | August 1, 2003    |  |
| First Named Inventor   | Steven M. Casev   |  |
|                        | ,                 |  |
| Art Unit               | 2167              |  |
|                        |                   |  |
| Examiner Name          | Robert M. Timblin |  |
|                        |                   |  |
| Attorney Docket Number | 020366-092000US   |  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| 1.                                                                                                                                                                               | 1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
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|                                                                                                                                                                                  | a.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                  | ously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be dered as a submission even if this box is not checked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | i.                                                                                     |                  | Consider the arguments in the Appeal Brief or Reply Brief previously filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | ii.                                                                                    |                  | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | b.                                                                                                                                                                                                                                                                                                                                                                                              | $\boxtimes$                                                                            | Enclos           | - Control of the Cont |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | D.                                                                                                                                                                                                                                                                                                                                                                                              | . ☑ Enclosed i. ☑ Amendment/Reply iii ☐ Information Disclosure Statement (IDS)         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | ii. Affidavit(s)/ Declaration(s) iv. Other                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
| 2.                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)                                                                                                                                                                                       |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | b.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
| 3.                                                                                                                                                                               | Fe                                                                                                                                                                                                                                                                                                                                                                                              | es The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No20-1430                                                                                                                                                                                                                                           |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | i.                                                                                     |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | ii.                                                                                    | ☐ E×             | tension of time fee (37 CFR 1.136 and 1.17) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 | iii. Other\$                                                                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | b.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | C.                                                                                                                                                                                                                                                                                                                                                                                              | П                                                                                      | Pavme            | ent by credit card (Form PTO-2038 enclosed) for \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
|                                                                                                                                                                                  | , i i i i                                                                                                                                                                                                                                                                                                                                                                                       | uon a                                                                                  | ind ddilin       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CENT BEOUBED  |  |  |  |  |  |  |
|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                  | SIGNATURE OF APPLICANT, ATTORNEY, OR A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GENT REQUIRED |  |  |  |  |  |  |
| Signature /William J. Daley/                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 | /William J. Daley/                                                                     | Date             | December 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |  |  |  |  |  |  |
| Name (Print /Type) William J. Daley                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                 | Registration No.                                                                       | 52,471           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
| CERTIFICATE OF MAILING OR TRANSMISSION                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
| I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.                                 |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |  |  |  |  |  |
| Sigi                                                                                                                                                                             | natu                                                                                                                                                                                                                                                                                                                                                                                            | re                                                                                     |                  | /Joni E. Peterson/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |
| Name (Print /Type)                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 | Туре)                                                                                  | Joni E. Peterson | Date December 1,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2008          |  |  |  |  |  |  |